SPR #	
Date: _	



CITY OF WILLIAMSBURG APPLICATION FOR SITE PLAN REVIEW

401 Lafayette Street Williamsburg, VA 23185-3617 (757) 220-6130 FAX: (757) 220-6130

ApplicantAddressCity, State, ZipPhone/Fax Number	Address City, State, Zip Phone/Fax Number _		
Email			
•••••			
Representative City, State, Zip Email	Phone/Fax Number _		
Location of Request Tax Map Number Proposed Use	Zoning		
Troposed osc			
I/We, as (Owner) (Contract Purchaser with Own mentioned above, hereby petition the Planning C			
	Signature of Owner	Date	
Sworn before me this day of	Printed Name of Owner, 20		
Notary ************** Statement by Applicant:		mission Expiration *******	
**************************************		******	
Site Plan Review Committee Recommendation:	Date		
**************************************	**************************************	*******	